

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIPT AND VERIFICATION

TO: WILLIAM T. NEARY, UNITED STATES TRUSTEE

CASE NAME: Rashida Ray

CASE NO.: 0811645

I, \_\_\_\_\_ DECLARE UNDER PENALTY OF PERJURY

THAT I AM THE DULY AUTHORIZED REPRESENTATIVE OF THE DEBTOR IN POSSESSION

DESIGNATED TO OPERATE THE BUSINESS OF \_\_\_\_\_, AND AS

SUCH I HEREBY ACKNOWLEDGE RECEIPT FROM THE UNITED STATES TRUSTEE OF THE

OPERATING INSTRUCTIONS AND REPORTING REQUIREMENTS. I HAVE READ AND

UNDERSTAND THE INSTRUCTIONS AND AGREE TO COMPLY WITH THEM.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

I, \_\_\_\_\_, COUNSEL FOR THE DEBTOR IN

POSSESSION, HAVE REVIEWED AND DISCUSSED THE OPERATING INSTRUCTIONS AND

REPORTING REQUIREMENTS WITH THE SIGNATORY ABOVE.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

EXHIBIT "A"

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending December, 2008

BEGINNING BALANCE IN ALL ACCOUNTS \$ 8191.36 in checking account  
\$ 95.79 in savings

account

RECEIPTS:

1. Receipts from operations \$ 12354.00
2. Other Receipts \$ 78.00

DISBURSEMENTS:

3. Net payroll:
  - a. Officers \$ N/A
  - b. Others \$ N/A
4. Taxes
  - a. Federal Income Taxes \$ N/A
  - b. FICA withholdings \$ N/A
  - c. Employee's withholdings \$ N/A
  - d. Employer's FICA \$ N/A
  - e. Federal Unemployment Taxes \$ N/A
  - f. State Income Tax \$ N/A
  - g. State Employee withholdings \$ N/A
  - h. All other state taxes \$ N/A
5. Necessary expenses:
  - a. Rent or mortgage payments(s) \$ N/a
  - b. Utilities \$ N/A
  - c. Insurance \$ 202.00

d. Merchandise bought for manufacture or sale \$\_\_\_\_N/A\_\_\_\_\_

e. Other necessary expenses (specify)

	Transportation Expenses (work)	\$ N/A
Food	(Work)	\$__316.66
	Lodging (work)	\$N/A__
National Grants		\$8733.28
Building Repairs		\$629.08
	Car Payment__	\$ N/A_
	Gas (Work)	\$ N/a
	Bank Fees	\$N/A
Miscellaneous		\$ 598.00

TOTAL DISBURSEMENTS \$\_\_\_\_10479.02

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$\_\_12432.00\_\_\_\_\_

ENDING BALANCE IN \_\_\_\_\_Charter One\_\_\_\_\_ \$\_\_7297.85\_\_\_\_\_

(Name of Bank) Checking account

ENDING BALANCE IN \_\_\_\_\_Charter One\_\_\_\_\_ \$\_\_95.79\_\_\_\_\_

(Name of Bank) Savings account

ENDING BALANCE IN ALL ACCOUNTS \$\_\_7393.64

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EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

RECEIPTS LISTING

FOR MONTH ENDING December, 2008

Bank: Charter One

Location: Chicago, IL

Account Name: Rashida Ray

Account No.: 9200065202

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01-December-2008	Tenants rent portion from section 8	\$250.00
08-December-2008	Tenants rent portion from section 8	\$418.00
11-December-2008	Tenants rent portion from section 8	\$885.00
12-December-2008	Tenants rent portion from section and non section 8	\$2480.00
16-December-2008	Tenants rent portion from section 8	\$200.00
16-December-2008	Online Transfer from Savings	\$60.00
16-December-2008	Fee Rebate	\$39.00
18-December-2008	Tenants rent portion from section 8	\$1000.00
18-December-2008	Fee Rebate	\$39.00
31-December-2008	Rent portion from section 8 (CHAC)	\$7061.00

TOTAL: \$12432.00

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2 (1 of 2)  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

DISBURSEMENT LISTING

FOR MONTH ENDING December, 2008

Bank: Charter One

Location: Chicago, IL

Account Name: Rashida Ray

Account No.: 9200065202

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01-December-2008	0	Health Insurance	\$202.00
03-December-2008	5298	Building repairs	\$500.00
08-December-2008	N/A	withdrawl for building repairs	\$1308.00
12-December-2008	1646	Countrywide Mortgage 1448 W. Arthur	\$1000.00
12-December-2008	5299	National Grants Fee	\$4107.78
16-December-2008	N/A	National Grants Fee	\$4625.50
17-December-2008	N/A	Hyman's hardware	\$88.48
23-December-2008	N/A	Jewel-Osco	\$214.99
26-December-2008	N/A	Home Depot	\$40.60
26-December-2008	N/A	Modern Nails	\$30.00
29-December-2008	N/A	Nail Bar	\$200.00
29-December-2008	N/A	Mickey's Pet Salon	\$70.00
29-December-2008	N/A	Dominicks'	\$48.98
29-December-2008	N/A	Par Birdie Foods	\$29.61
30-December-2008	N/A	Nayab Mart	\$12.23
30-December-2008	N/A	King Sweets	\$10.85

OPERATING REPORT Page 2 (2 of 2)  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

DISBURSEMENT LISTING

FOR MONTH ENDING December, 2008

Bank: Charter One

Location: Chicago, IL

Account Name: Rashida Ray

Account No.: 9200065202

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL: \$10479.02

You must create a separate list for each bank account from which disbursements were made during the month.

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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

FOR MONTH ENDING December, 2008

STATEMENT OF INVENTORY

Beginning inventory \$ \_\_\_\_\_  
Add: purchases \$ \_\_\_\_\_  
Less: goods sold \$ \_\_\_\_\_  
(cost basis)  
Ending inventory \$ \_\_\_\_\_

PAYROLL INFORMATION STATEMENT

Not applicable

Gross payroll for this period \$ \_\_\_\_\_

Payroll taxes due but unpaid \$ \_\_\_\_\_

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor is due	Date regular payment	Amount of Regular Payment	Number of Payments Delinquent*	Amount of Payments Delinquent*
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\* Include only post-petition payments.



OPERATING REPORT Page 4  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

FOR MONTH ENDING December, 2008

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance \$ 8287.15

Add: sales on account \$ 12432.00

Less: collections \$ 10479.02

End of month balance \$ 7393.64

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
<u>\$12432.00</u>	<u>\$20582.00</u>	<u>\$15394.10</u>	<u>\$14909.91</u>	<u>\$ 120468.82</u>

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance \$ 8287.15

Add: credit extended \$ 12432.00

Less: payments of account \$ 10479.02

End of month balance \$ 7393.64

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
<u>\$10479.02</u>	<u>\$10214.11</u>	<u>\$19223.82</u>	<u>\$20015.10</u>	<u>\$105548.74</u>

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE  
AND FILE WITH THIS REPORT

OPERATING REPORT Page 5  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

FOR MONTH ENDING December, 2008

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- |    |                             |   |                                 |   |
|----|-----------------------------|---|---------------------------------|---|
| 1. | Federal Income Taxes        | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) | N/A ( <input type="checkbox"/> )            |
| 2. | FICA withholdings           | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) | N/A ( <input type="checkbox"/> )            |
| 3. | Employee's withholdings     | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) | N/A ( <input type="checkbox"/> )            |
| 4. | Employer's FICA             | Yes ( <input type="checkbox"/> )            | No ( <input type="checkbox"/> ) | N/A ( <input checked="" type="checkbox"/> ) |
| 5. | Federal Unemployment Taxes  | Yes ( <input type="checkbox"/> )            | No ( <input type="checkbox"/> ) | N/A ( <input checked="" type="checkbox"/> ) |
| 6. | State Income Tax            | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) | N/A ( <input type="checkbox"/> )            |
| 7. | State Employee withholdings | Yes ( <input type="checkbox"/> )            | No ( <input type="checkbox"/> ) | N/A ( <input checked="" type="checkbox"/> ) |
| 8. | All other state taxes       | Yes ( <input type="checkbox"/> )            | No ( <input type="checkbox"/> ) | N/A ( <input checked="" type="checkbox"/> ) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

<b>Form 6123</b> (Rev. 06-97)	Department of the Treasury-Internal Revenue Service <b>Verification of Fiduciary's Federal Tax Deposit</b>		
<b>Do not attach this Notice to your Return</b>			
<b>TO</b>	District Director, Internal revenue Service Attn: Chief, Special Procedures Function		
<b>FROM:</b>	Name of Taxpayer  Taxpayer Address		
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):			
<b>Section 1</b>  Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	<b>Form 941 Federal Tax Deposit (FTD) Information</b>  for the payroll period from _____ to _____  <div style="text-align: right;">Payroll date</div>  <div style="display: flex; justify-content: space-between;"> <div>Gross wages paid to employees</div> <div>\$</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Income tax withheld</div> <div>\$</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Social Security (Employer's plus Employee's share of Social Security Tax)</div> <div>\$</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Tax Deposited</div> <div>\$</div> </div> <div style="text-align: center;">Date Deposited</div>		
<b>Section 2</b>  Taxes Reported on	<b>Form 940 Federal Tax Deposit (FTD) Information</b>  for the payroll period from _____ to _____		

Form 940, Employer=s Annual Federal Unemployment Tax Return	<p>Gross wages paid to employees \$</p> <p>Tax Deposited \$</p> <p>Date Deposited</p>	
<p align="center"><b>Certification</b></p> <p align="center"><b>(Certification is limited to receipt or electronic transmittal of deposit only)</b></p> <p>This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer=s Tax Guide (Publication 15)</p>		
<p>Deposit Method <a href="#">9</a> Form 8109/8109B Federal Tax Deposit (FTD) coupon (check box) <a href="#">9</a> Electronic Federal Tax Payment System (EFTPS) Deposit</p>		
Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor=s Employer Identification Number:		Name and Address of Bank
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct		
Signed:		Date:
Name and Title (print or type)		

Cat. #43099Z

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Rashida Ray, acting as the duly authorized agent  
for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the  
United States that I have read and I certify that the figures, statements, disbursement itemizations,  
and account balances as listed in this Monthly Report of the Debtor are true and correct as of the  
date of this report to the best of my knowledge, information and belief.

Rashida Ray  
For the Debtor In Possession (Trustee)

Print or type name and capacity of  
person signing this Declaration:

Rashida Ray  
trustee

DATED: 07/05/2009

OPERATING REPORT Page 8  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

Office of the U.S. Trustee  
219 South Dearborn Street; Room 873  
Chicago, IL 60604

Debtor: Rashida Ray Notice Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Due: \_\_\_\_\_

## NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

According to the accounts receivable records, you owe the above amount to the United States Trustee in unpaid quarterly fee charges. If you do not pay this debt or take other action described below before \_\_\_\_\_, the United States Trustee will submit your debt to the U.S. Department of Treasury for further collection. Interest, penalties, and other charges for costs may be added to the amount you owe. Payment must be sent to the above address.

Once your debt is sent to the Department of Treasury, Treasury will take all authorized collection actions, including reporting the debt to credit reporting agencies and engaging private collection agencies as necessary. The debt will also be submitted to the Treasury Offset Program which means the debt will be deducted from eligible payments that are owed to you by the federal government, including but not limited to tax refunds. The Treasury Offset Program is authorized by the Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996. You may not receive another notice before your payment is offset.

Before we submit your debt to the Treasury Offset Program, we are required to tell you the following: (1) you may inspect and copy our records related to your debt; (2) you may request a review of our determination that you owe this debt; and (3) you may enter into a written repayment agreement if it is acceptable to the United States Trustee. If you are interested in these options, please send a written request to the above address.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C. ' ' 286, 287, 1001, and 1002), or other applicable statutes.

If you have any questions about this letter or your rights, you should immediately contact your local field office at the above address.



EXHIBIT AC@

U. S. TRUSTEE QUARTERLY FEE STATEMENT

Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Rashida Ray CASE NO. 0811645

FOR CALENDAR QUARTER ENDING December, 2008

DISBURSEMENTS\*

1.	MONTH	DISBURSEMENTS
	<u>December</u>	\$ <u>650.00</u>
	<u></u>	\$ <u></u>
	<u></u>	\$ <u></u>

TOTAL DISBURSEMENTS

FOR QUARTER \$ 650.00

2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. '1930(A)(6) \$ 0.00

3. QUARTERLY FEE PAID \$ 650.00  
(Attach proof of payment)

4. AMOUNT OF UNPAID FEES (IF ANY) \$ 0.00

I, Rashida Ray acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 07/05/2009 \_\_\_\_\_

For the Debtor In Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Rashida Ray  
Trustee Plan Administrator

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT "D"  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Rashida Ray CASE NO. 0811645

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING December, 2008

1. Were any payments required to be made  
under the plan this past calendar quarter? yes X no
  
2. If yes, were all required payments made? yes X no
  
3. If not, on a separate schedule, state the name, address and telephone number of each  
unpaid creditor, the amount due and the reason payment was not made.

I, Rashida Ray acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 07/05/2009

Rashida Ray  
For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Rashida Ray  
Trustee Plan Administrator

EXHIBIT "E"

OFFICE OF THE UNITED STATES TRUSTEE  
NORTHERN DISTRICT OF ILLINOIS

Direction of Attorney for the Debtor  
Concerning Contacts with Client Regarding Administrative Matters

In re: Rashida Ray

Case Number: 0811645

**Part I: Purpose**

The United States Trustee is responsible for supervising the administration of cases under chapters 7, 11, 12, and 13 of the United States Bankruptcy Code. 28 U.S.C. § 586. To fulfill this responsibility, the U.S. Trustee has issued Guidelines for Debtors-in-Possession. The Guidelines impose certain administrative and reporting responsibilities on chapter 11 debtors-in-possession. In addition, there are other requirements imposed by law, including a requirement to pay U.S. Trustee quarterly fees. The U.S. Trustee's staff is available to assist debtors-in-possession in fulfilling these requirements. In addition, it is frequently necessary for members of the U.S. Trustee's staff to contact debtors concerning missing documents, incomplete forms, and other administrative matters. Many debtors-in-possession and attorneys prefer that these administrative matters be handled directly between the debtor and the U.S. Trustee's staff. Others prefer that all such contacts be made through counsel. We need to know how you and your client would like these matters to be handled.

**Part II: Direction**

\_\_\_\_\_ We direct that all contacts between the U.S. Trustee=s staff concerning the administrative requirements of the U.S. Trustee, including completion of operating reports, insurance, banking arrangements, payment and calculation of quarterly fees, may be made directly between the U.S. Trustee and the debtor-in-possession.

\_\_\_\_\_ We direct that all contacts between the U.S. Trustee=s staff concerning this case, including all administrative matters, be conducted through counsel for the debtor-in-possession.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Debtor-in-Possession

EXHIBIT "F"

U.S. Trustee Basic Monthly Operating Report

Case Name: Rashida Ray Date Filed: \_\_\_\_\_

Case Number: 0811645 NAICS Code: 531110

Note, the NAICS Code may be

found at:

Month (or portion) covered by this report: December <http://www.census.gov/epcd/naics02/naico602.htm>

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

Rashida Ray

ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

07/05/2009

DATE REPORT SIGNED

Rashida Ray

PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

QUESTIONNAIRE:

YES NO

- |   |   |     |
|---|---|-----|
| 1. IS THE BUSINESS STILL OPERATING?   | X |     |
| 2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?                 |   | X   |
| 3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?            | X |     |
| 4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? |   | X   |
| 5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH?                           |   | X   |
| 6. DID YOU PAY YOUR EMPLOYEES ON TIME?                                      |   | N/A |

	Yes	No
7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?		X
8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	X	
9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?		X
10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?		X
11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	X	
12. DO YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?		X
13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?		X
14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	N/A	
15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	X	
16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?	X	

**TAXES**

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? X

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)*

The returns will be filed by an IRS representative on 23-June-2008

**INCOME**

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

**TOTAL INCOME** 12432.00



(Exhibit B)

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01-December-2008	Tenants rent portion from section 8	\$250.00
08-December-2008	Tenants rent portion from section 8	\$418.00
11-December-2008	Tenants rent portion from section 8	\$885.00
12-December-2008	Tenants rent portion from section and non section 8	\$2480.00
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16-December-2008	Online Transfer from Savings	\$60.00
16-December-2008	Fee Rebate	\$39.00
18-December-2008	Tenants rent portion from section 8	\$1000.00
18-December-2008	Fee Rebate	\$39.00
31-December-2008	Rent portion from section 8 (CHAC)	\$7061.00

**EXPENSES**

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register. ]

**TOTAL EXPENSES 10479.02**

(Exhibit C)

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01-December-2008	0	Health Insurance	\$202.00
03-December-2008	5298	Building repairs	\$500.00
08-December-2008	N/A	withdrawl for building repairs	\$1308.00
12-December-2008	1646	Countrywide Mortgage 1448 W. Arthur	\$1000.00
12-December-2008	5299	National Grants Fee	\$4107.78
16-December-2008	N/A	National Grants Fee	\$4625.50
17-December-2008	N/A	Hyman's hardware	\$88.48
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26-December-2008	N/A	Home Depot	\$40.60

26-December-2008	N/A	Modern Nails	\$30.00
29-December-2008	N/A	Nail Bar	\$200.00
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29-December-2008	N/A	Dominicks'	\$48.98
29-December-2008	N/A	Par Birdie Foods	\$29.61
30-December-2008	N/A	Nayab Mart	\$12.23
30-December-2008	N/A	King Sweets	\$10.85

**CASH PROFIT**

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) 12432.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) 10479.02

(Subtract The Total from Exhibit C from the Total of Exhibit B)

**CASH PROFIT FOR THE MONTH 1952.98**

**UNPAID BILLS**

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

**TOTAL PAYABLES 0**

*(Exhibit D)*

N/A

**MONEY OWED TO YOU**

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

**TOTAL RECEIVABLES 1718**

*(Exhibit E)*

NAME	DESCRIPTION	AMOUNT	PAYMENT DUE DATE
Kene Brown	Rent Section 8	\$1656	ASAP
Ravi	Furniture	\$618	ASAP
Mia Boyd	Rent Section 8	\$2870	ASAP

**BANKING INFORMATION**

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

**EMPLOYEES**

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? N/A

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? N/A

**PROFESSIONAL FEES**

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD? 0

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE? 0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD? 0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE? 0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** DURING THIS REPORTING PERIOD? 0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** SINCE THE FILING OF THE CASE? 0

**PROJECTIONS**

COMPARE YOUR ACTUAL INCOME, EXPENSES AND THE CASH PROFIT TO THE PROJECTIONS FOR THE FIRST 180-DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

PROJECTED INCOME FOR THE MONTH: TBD

ACTUAL INCOME FOR THE MONTH (EXHIBIT B): 12432.00

DIFFERENCE BETWEEN PROJECTED AND ACTUAL INCOME: TBD

PROJECTED EXPENSES FOR THE MONTH: TBD

TOTAL ACTUAL EXPENSES FOR THE MONTH (EXHIBIT C): 10479.02

DIFFERENCE BETWEEN PROJECTED AND ACTUAL EXPENSES:

PROJECTED CASH PROFIT FOR THE MONTH: TBD

ACTUAL CASH PROFIT FOR THE MONTH **1952.98**  
(TOTAL FROM EXHIBIT B MINUS TOTAL FROM EXHIBIT C)

DIFFERENCE BETWEEN PROJECTED AND ACTUAL CASH PROFIT: TBD

**[If actual cash profit was 90% or less of projected cash profit,  
please attach a detailed written explanation.]**

EXHIBIT "G"